Fill in this inform	nation to identify your cas	e:	
Debtor 1	Gregg M Hold	len	_
Debtor 2 (Spouse, if filing)	Lauren M Hol	den	_
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT OF PENNSYLVANIA	_
Case number	20-13137		Check if this is:
(If known)			■ An amended filing □ A supplement showing postpetition chapter 13 income as of the following date:
~~	4001		

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment						
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse			
	If you have more than one job,	Employment status	■ Employed	☐ Employed			
	attach a separate page with information about additional		☐ Not employed	■ Not employed			
	employers.		Sr. Director Service and				
	Include part-time, seasonal, or self-employed work.	Occupation	Support				
	, ,	Employer's name	Town Sports International				
	Occupation may include student or homemaker, if it applies.	Employer's address	399 Executive Blvd. Elmsford, NY 10523				
		How long employed th	nere? 13 Years, 8 Months				

Part 2: Give Details About Monthly Income

Calculate gross Income. Add line 2 + line 3.

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

		For Debtor 1		otor 2 or ng spouse
2.	\$	11,446.50	\$	0.00
3.	+\$	0.00	+\$	0.00
4.	\$	11,446.50	\$	0.00

MM / DD/ YYYY

Official Form 106l Schedule I: Your Income page 1

Debt Debt		Gregg M Holden Lauren M Holden		С	ase number (if known)	20-1	3137			
	Сор	y line 4 here	4.		For Debtor	1		Debtor 2			
_	Lict	all navrall daductions									
5.	List 5a.	all payroll deductions: Tax, Medicare, and Social Security deductions	5a.			08.83	\$		0.00	<u>)</u>	
	5b. 5c.	Mandatory contributions for retirement plans Voluntary contributions for retirement plans	5b. 5c.	:	\$ 	0.00	\$ \$		0.00)	
	5d. 5e.	Required repayments of retirement fund loans Insurance	5d. 5e.	:	\$ 6	78.31 28.57	\$ \$		0.00)	
	5f. 5g.	Domestic support obligations Union dues	5f. 5g.	;	\$ \$	0.00	\$ \$		0.00)	
_	5h.	Other deductions. Specify:	_ 5h		\$	0.00			0.00	_	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	,		15.71	\$		0.00	_	
7. 8.		all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	7.	•	\$ <u>8,3</u>	30.79	\$		0.00	<u> </u>	
		monthly net income.	8a.		\$	0.00	\$		0.00	_	
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8b. 8c.		\$ \$	0.00	\$ \$		0.00	_	
	8d.	Unemployment compensation	8d.		\$	0.00	\$ 		0.00	_	
	8e.	Social Security	8e.	:	\$	0.00	\$		0.00	_	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	;		0.00	\$		0.00	_)	
	8g.	Pension or retirement income	8g.		\$	0.00	\$		0.00	_	
	8h.	Other monthly income. Specify: Inheritance to be received by 5/21	_ 8h	+ :	\$	0.00	+ \$	2,0	010.00	<u> </u>	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		0.00	\$	2	,010.0	0	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	S	8,330.7	9 + \$	2,0	010.00	= \$_	10,34	40.79
11.	Stat Inclu	e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your r friends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not a	deper		, ,		*	Schedule 11.			0.00
12.	12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$										
13.		ou expect an increase or decrease within the year after you file this form	?						Combi month		ome
		No. Yes. Explain:									

Official Form 106l Schedule I: Your Income page 2